

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016463

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 314 Primary Registration District No. 6056 Registrar's No. 24

STATE FILE NUMBER

FILED APR 18 1962

1. PLACE OF DEATH

a. COUNTY

St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Butler Township

Length of stay in 1b

0

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1-m-n-Lowry City

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Henry

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

Brownington

d. STREET ADDRESS

(If outside, give location)

Route

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

James

Middle

Franklin

Last

Cantrell

4. DATE OF DEATH

Month

Day

Year

April 5, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/12/98

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Noel Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William E. Cantrell

13b. MOTHER'S MAIDEN NAME

Minerva Davis

14. NAME OF HUSBAND OR WIFE

Lilah Cantrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Paul Cantrell, Brownington Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Head Injuries

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pickup truck overturned

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Pickup truck overturned (Loaded)

20c. TIME OF INJURY

Hour Month, Day, Year

6:30 P.M.

4-5-62

20d. INJURY OCCURRED WHILE AT WORK ☒
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway # 13

20f. CITY, TOWN, OR LOCATION

1-M-North Lowry City, St. Clair

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

6:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James D. Brown

22b. ADDRESS

Osceola Missouri

22c. DATE SIGNED

4-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/8/62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Zion

23d. LOCATION (City, town, or county)

Brownington Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.

4-10-62

26. REGISTRAR'S SIGNATURE

Ruth Seewer

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

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APR 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul D. Quatone

Licensed Embalmer No. 3990

P. O. Address Orleans Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.